THE UNIVERSAL FELLOWSHIP OF METROPOLITAN COMMUNITY CHURCHES

ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

JANUARY 1988

NEW DIAGNOSTIC TEST: HIV p24 ANTIGEN TEST

By Gary McClelland, M.D.

In the September, 1987 issue of Annals of Internal Medicine a new HIV antigen was reported which may aid in the screening, diagnosis, and treatment of HIV infection. This test, the HIV p24 antigen detection test, is now commercially available and will detect the presence of HIV infection (actual virus rather than antibody as in previously available tests) in serum, plasma, spinal fluid, and body tissues at even low concentrations. Its name comes from the fact that the core protein of HIV has a molecular weight of 24 kilodaltons. This protein is the product of a highly conserved core gene and, as such, is less likely to be affected by HIV stain variability.

As mentioned above, there are a number of potentially important uses for this test although at a current cost of $125.00 per test it may not be widely utilized. While this cost is less than that of present methods of actual virus detection (culture); it is hoped that with more widespread usage this cost will decrease. The antibody tests currently in use only reveal the presence or absence of antibodies to HIV - indirect evidence of the presence of virus in those who are seropositive. The antigen test measures actual presence of the virus and also its concentration - direct evidence of HIV infection - and can be detected in HIV infected individuals within two to three weeks following infection which is months before the antibody may be detected. As with existing antibody tests, informed consent of the patient is required before performing the test. It is also recommended that the test be done confidentially since it has the same medicolegal implications as an official part of the medical record as does the antibody test. The ability to detect HIV infection much earlier than existing tests makes this an invaluable tool in screening blood donors and in detecting infection earlier especially in newborn infants where the presence of maternal antibodies transferred in utero currently masks the infant's serologic status.

Since the test is quantitative (measures not only the presence or absence, but the concentration of the virus) an even more important use may be to assess the effects of antiviral therapy. It has been shown in patients taking AZT (Retrovir) that there was a steady decline in p24 antigen while in control (untreated) patients the level remained unchanged or increased. This may give an early indication if a drug is working or not, or even if the dose should be increased or decreased. Given the serious side effects of many antiviral medications, this "fine tuning" of drug dosage is a very important use of this new test.

Another use may be to help in the decision of whether or not to start antiviral therapy in individuals who are antibody positive but asymptomatic, especially if the T4 count is reduced. Those with the presence of antigen - particularly at elevated levels - would be candidates for therapy, while those with negative tests would not require treatment. Approximately 1.5 million people in the U.S. are estimated to be infected with HIV. If these individuals are not to become a part of the ever increasing and staggering numbers diagnosed with AIDS or ARC, therapeutic intervention needs to occur before the T4 cells are depleted to such a level that clinical evidence of opportunistic infection occurs. To facilitate this intervention would seem to be one of the most significant future uses for this important new diagnostic test.

PWA BRACELETS AVAILABLE

PWA bracelets inscribed with the names of those who have died from AIDS are now available from the Mother Cares Foundation. The $10 donation will go to three AIDS organizations: Forty percent to Mother Cares, forty percent to the distributing agency or church, and twenty percent to Mothers of AIDS persons. Organizer Mark Manning states, "When there has been a cure, we hope to collect all the bracelets and melt the metal down and create a memorial from the material." For more information on obtaining or sponsoring bracelets, contact Mark Manning, Mother Cares Foundation, c/o Pride Media Relations, 8833 Sunset Blvd., Suite 304, West Hollywood, CA 90069; or call, (213) 933-3662.

RAPID INCREASE IN PEDIATRIC AIDS

The number of young children with AIDS is expected to more than triple within the next three to four years according to a new congressional report released December 14, 1987. Of the estimated 279,000 people expected to be diagnosed with AIDS by 1991, 3,000 will be under the age of 13. Currently pediatric AIDS cases account for 2% of all AIDS cases. The report says such an increase of the disease among children threatens to overburden the nation's health and foster care programs, because the communities they live in are not equipped to handle the financial, emotional and physical toll of AIDS.

AIDS, A MANUAL FOR PASTORAL CARE

by Ronald H. Sunderland & Earl E. Shelp

(Reviewed by Rev. Steve Pieters)

This concise manual on pastoral care in the AIDS crisis offers a helpful outline of many of the issues confronting anyone who is ministering to people affected by AIDS. From medical facts to ethical issues, Sunderland and Shelp present well-documented arguments for ministries of compassion and presence. The book is particularly strong in discussing the dynamics of grief.

They do, however, retreat from taking stands on issues which many in the Church Universal would consider to be controversial. While raising concerns regarding suicide, assisted suicide, abortion, and mercy killing as they relate to AIDS, they generally do not suggest more than that clergy should become familiar with the moral discussions related to these areas. The authors could have presented more of their own thought processes about each of these issues, even without coming down on one side or the other. They are very careful not to give offense.

Regarding homosexuality, they quote John Boswell's challenge to think through what is natural and unnatural. There is an assumption that many of their readers perceive homosexuals, IV drug abusers, and prostitutes to be in one moral category. Their attitude is focused on page 40 in discussing the pastoral response to these various lifestyles: "The AIDS patient must be recognized as an individual whose integrity must be respected, and who has a claim on the pastor for acceptance as a person. Such acceptance does not imply either acceptance or rejection of the patient's lifestyle." They do suggest that there may be some pastors who should refrain from AIDS ministry, if their moral belief system is going to get in the way of the suggested neutral acceptance. They also warn against trying to proselytize the patient, or engage in "missionary activity". They urge the acceptance of a Gay PWA's lover as a family member. But this is as far as they are willing to go, and they end by suggesting that the reader think these issues through very carefully before entering a pastoral relationship with Gay AIDS-affected persons. Throughout the book, it is assumed that the reader is a heterosexual clergyperson of a mainstream denomination.

The medical facts are presented in a concise and clear manner. However, as with any book protraying the medical situation, this manual will become quickly outdated, with each advance in research. Already, many have questioned the Central Africa-Haiti-U.S. transmission route described in this book.

For a book on pastoral care in the AIDS crisis, this book talks little of hope and faith in facing the disease, and there is nothing about healing, either spiritual or physical. The life, death and Resurrection of Jesus Christ are a powerful theological base for ministry with persons affected by AIDS, and yet there is little in this book on how the Christian faith can help a person face a life-threatening illness. While the authors strongly state that individual Christians, as well as the Church, have "no option" but to be present with compassion to those suffering from AIDS, one is left with the feeling that hope, healing, and quality of life are not something to be offered to persons affected by AIDS by the caring Christian.

This book is strong as an outline of issues presented by AIDS, but it leaves the reader hungry for more in-depth analysis, more hope, more faith, and stronger stands.

CHURCH PROGRAM FOR AIDS MINISTRY

(H.A.N.D.S. Program developed by MCC Dallas, TX)

Helpers

II Corinthians 1:24 - "Not that we lord it over your faith, but are workers with you for joy; for in your faith you are standing firm".

Accepting

Romans 15:7 - "Wherefore, accept one another, just as Christ also accepted us to the glory of God."

Needs

Hebrews 4:16 - "Let us therefore draw near with confidence to the throne of grace, that we may receive mercy and may find grace to help in time of need."

and Delivering

Hebrews 2:15 - "and might deliver those who through fear of death were subject to slavery all their lives."

Services

Hebrews 12:28 - "Therefore, since we receive a Dominion which cannot be shaken, let us show gratitude by which we may offer to God an acceptable service with reverence and awe."

H.A.N.D.S. is a lay ministry service program of the church extending a helping hand to those in need. As believers, we are called to extend our hands to those in need of services. This program is designed to allow an opportunity for the congregation to extend their hands to those in need on an individual and time available basis.

MCC Dallas invites all churches in UFMCC to join H.A.N.D.S. by adopting a H.A.N.D.S. program. Toward this end, the Dallas H.A.N.D.S. Coordinators have developed the "H.A.N.D.S. Start up Packet" which includes: Camera ready H.A.N.D.S. brochures for distribution to congregation, Inservice Program outlines, "Care Group" Program Outline, and an introductory issue of the newsletter, AIDS: Health Information for the Caregiver. The packet is available for $5.00 to cover printing, postage and handling costs. Write to:

H.A.N.D.S. Program
MCC Dallas
2701 Reagan
Dallas, TX 75219

ST. LUKE'S MCC HOUSE FOR PEOPLE WITH AIDS

St. Luke's MCC in Jacksonville, Florida has established a residence for people with AIDS. The five bedroom house, with one and a half baths, can house up to four PWA's in addition to the house manager, Ms. Donnie Kreutz. Located in an older, low-income section of the city, the house is being signed over to the church by a person with AIDS who decided to move closer to the National Institute of Health where he is being treated. University Hospital helps to support the House with a monthly financial grant.

To be eligible to move into the House, a person must be a medically indigent University Hospital AIDS-affected patient. Since its formation in the spring of 1987, there have been many inquiries from around the state, and program coordinator Steve Crosby has had to turn down a number of requests for housing.

Tenants must sign a contract agreeing "to refrain from the use of alcoholic beverages and nonprescription drugs; to abstain from sexual activities within or without the premises which could promote the spread of AIDS; to assist in housekeeping and the clean and sanitary maintenance of the assigned room plus the common areas; and to be a positive influence in helping to build and maintain a wholesome atmosphere necessary to promote the well-being of those other household residents who are AIDS-affected". Once a person's SSI benefits begin, he or she is required to pay a token rent. Medicaid has provided a hospital bed for the most severely ill patient.

The Visiting Nurse Association visits at least three times a week, and is on 24-hour call. Food is provided through resident's food stamps, as well as through donations from MCC members and local Gay and Lesbian businesses, whose responses have been "excellent," according to coordinator Crosby.

Problems arose with state and local regulatory agencies, due to anonymous complaints received by the Florida Times Union and a local TV news department. These complaints claimed that the house was unregulated and unaccountable to health authorities, while also charging mismanagement of funds. In response, Crosby met with City Council Member Sandra Darling, who assured him she had no problem with the house, and that she knew that it had been thoroughly inspected and approved. The next day an article appeared in the Times Union, stating that Darling was concerned over the lack of regulations governing such homes, and was proposing legislation to strictly regulate them, to prevent houses like St. Luke's from becoming "dumping grounds". The legislation would require notification of the entire neighborhood, and allow any concerned citizens to appear at a public hearing to approve such homes. Currently, the neighbors are unaware of the function of the house, which the staff believes is necessary to safeguard the residents from harrassment.

Rev. Michael Piazza, former pastor of St. Luke's MCC and current pastor of MCC Dallas, was quoted in the Times Union, stating, "It is a cruel bill. It is a reaction to our house. She is looking out for property values. Where does she want these people to go?"

When police and the Department of Health and Rehabilitative Services arrived to check out the complaints, the entire Board of Directors of St. Luke's MCC were present for questions. The chief inspector questioned everyone and "went away happy".

While Darling's bill is still before the city council's Urban Affairs Committee, Crosby points out that this house is not a hospice; no therapy or medicine is administered by the staff, and when patients become too ill, they are hospitalized. "This house is a pioneering stab at keeping down costs for persons affected by AIDS. We have been successful at keeping at least a few patients out of the hospital when they are ambulatory and well enough to live in the residence, but unable to live on their own," Crosby told ALERT. University Hospital recognizes that the $500 a month grant providing housing for three or four patients saves the hospital a great deal, since they would be assuming the $500 to $750 a day cost for each patient having to stay in the hospital.

There is a real family feeling to the house. Steve Crosby has assumed the role of "disciplinarian," while Donnie Kreutz is affectionately called "Mom" by the residents. She is also a paralegal and criminoligist, and has helped residents prepare wills and powers of attorney.

The people with AIDS living in the House help each other, simply by being together, helping each other through medical and governmental hoops, playing and shopping together, and encouraging each other to live with AIDS.

AZT PRICES DROP

The price of AZT, the only federally approved drug to treat AIDS, has suddenly become less expensive. Burroughs Wellcome Company has announced that AZT prices will be reduced by 20% effective December 15, 1987. The cut comes as a result of savings in production costs. Depending on patient dosage, the current retail cost of AZT can range from $800 to $1000 a month. However, it is still unclear whether or not drug retailers will pass along the savings. Burroughs Wellcome says it only establishes the wholesale price; beyond that the company has no control in the matter If drug retailers were to lower their prices as well, the average patient cost for AZT would drop to about $600 a month, or from $188 to $150 for 100 capsules.

Don't We Care?

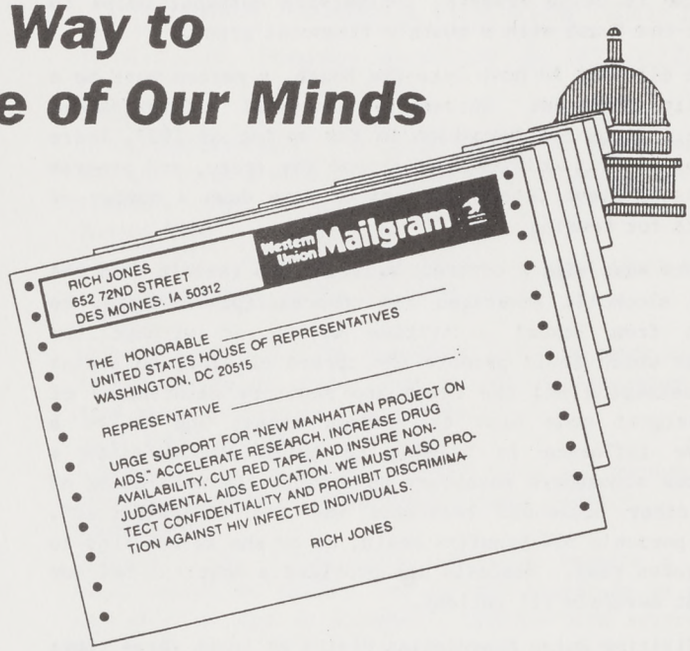
Members of Congress don't hear from us, and wonder if we don't really care.

Our community's organizations and lobbyists are hard at work, advocating a vigorous, effective and non-hysterical response to the AIDS crisis. But, despite opinion polls showing support, legislators seldom receive mail from constituents supporting our positions.

What's worse, our Far Right opponents are exploiting the health crisis for political gain—mobilizing hostile constituent pressure. While our advocates work the halls of Congress, our opponents work the streets and avenues of Congressional districts across the country. And, as a result, legislators too often are afraid to stand with us on controversial and emotional issues.

With critical AIDS funding decisions, the defeat of countless AIDS hysteria measures and basic fairness questions hanging in the balance, we just have to turn this situation around!

Finally, Here's an Easy Way to Give 'em a Piece of Our Minds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RICH JONES
652 72ND STREET
DES MOINES, IA 50312
THE HONORABLE
UNITED STATES HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515
REPRESENTATIVE
URGE SUPPORT FOR "NEW MANHATTAN PROJECT ON AIDS." ACCELERATE RESEARCH, INCREASE DRUG AVAILABILITY, CUT RED TAPE, AND INSURE NON-JUDGMENTAL AIDS EDUCATION. WE MUST ALSO PROTECT CONFIDENTIALITY AND PROHIBIT DISCRIMINATION AGAINST HIV INFECTED INDIVIDUALS.
RICH JONES

The Fairness Fund's Public Opinion Mailgram campaign now gives us an easy way to make our voices heard on Capitol Hill on the issues we care about. A POM is a 50-word mailgram that costs just $4.50 each (the same 50-word message would cost almost 3 times as much outside this system). They are charged to your telephone bill. You don't even have to know who your legislator is—that'll be taken care of for you.

Too often, there just doesn't seem like there's time to write a letter. And sometimes you're just not sure what to say or when to write. Now, by signing one of our Public Opinion Mailgram authorization forms, or by calling the 800 number we have established, you can ensure that your voice will be heard in a timely, articulate fashion.

And, because the Fairness Fund works in close cooperation and with the support of the Human Rights Campaign Fund and other national gay/lesbian groups, your mailgram will reflect our community's current lobbying strategy and priorities.

Won't you take just a minute, right now, to make a difference. Let's prove that we really *do* care.

The National Mailgram Campaign

Public Opinion Mailgram Authorization for Fairness and Privacy

Please print

_____ ( ) _____

Last Name, First Name — Telephone Number

_____

Address — City — State — Zip

I support fairness and privacy for lesbians and gay men and adequate AIDS funding and therefore authorize the Fairness Fund to use my name to send _____ (2-12 or unlimited) Public Opinion Mailgrams (50 words) during the next year at a cost of just $4.50 each. (The mailgrams will be charged to the phone number authorized, CANCEL AT ANY TIME.) The mailgrams will be sent to elected officials (at all levels) at critical times on the general categories of: increased AIDS funding, defeat of AIDS hysteria measures, and support for justice for gay men and lesbians.

_____

Signature

The Fairness Fund, P.O. Box 1723, Washington, D.C. 20013

Call

1-800-257-4900,

Oper. 9184 to send AIDS Mailgrams or Oper. 9188 to send Fairness Mailgrams.

THE FAIRNESS FUND

(202) 347-0826

(Save for future reference.)

ATEU Protocols (As of 11/20/87)

ATEU Protocol #/Description	Lead Investigator	Known or Anticipated Collaborators
001 AZT in KS	Dr. Valentine, NYU	NYU, Rochester, USC, UCLA, Hopkins, UCSF, Stanford, UCSD, Harvard, MSKCC, Duke, Minnesota, Tulane, Mt. Sinai
002 AZT post first episode of PCP	Dr. Fischl, Miami	All ATEUs except NYU

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...amed on the list of ATEUs.

Issue Explanation

AIDS Funding Issues—Examples would include funding efforts for research, treatment and education.

AIDS Hysteria Measures—Examples would include a wide range of measures designed not to effectively address the health crisis, but to exploit the fear and ignorance surrounding the disease to discriminate against and persecute gay people and others at risk.

Justice for Lesbians and Gay Men—Examples would include support for non-discrimination bills/amendments to prohibit discrimination against lesbians and gay men in employment, housing, etc., repeal of sodomy laws, reform of current immigration laws which prohibit gay people from entering the country, defeat of anti-gay bills and amendments which discriminate against gays, support for legislation to address the growing problem of anti-gay violence, etc.

TO RETURN, PLEASE FOLD AND SECURE WITH STAPLE OR TAPE

Public Opinion Mailgram Authorization for Fairness and Privacy

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_____ _____ _____ _____

Address — City — State — Zip

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Public Opinion Mailgram Author

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Last Name, First Name

Address

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The Fairness Fund, P.O. Box 1723, Wash

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The Fairness Fund
P.O. Box 1723
Washington, D.C. 20077-4392

How the Public Opinion Mailgram (POM) Network Works

Step 1. Individual signs Fund POM form to send mailgrams in their name on important health and fairness issues.

Step 2. A key bill/amendment comes up... Fund activates POMs to key legislators. Next day these legislators receive many mailgrams from pro-fairness constituents.

Step 3. The Fund sends a follow-up letter (within a week) to each Network participant, letting them know we've sent mailgram on their behalf, the contents, and that a $4.50 charge will appear on their next monthly phone bill.

Step 4. $4.50 charge for each POM (same 50-word message is about $13.00 outside of this system), appears on your next monthly phone bill.

Further info: Fairness Fund, P.O. Box 1723, Washington, D.C. 20013 (202) 347-0826

ATEU Protocols (As of 11/20/87)

ATEU Protocol #/Description	Lead Investigator	Known or Anticipated Collaborators
001 AZT in KS	Dr. Valentine, NYU	NYU, Rochester, USC, UCLA, Hopkins, UCSF, Stanford, UCSD, Harvard, MSKCC, Duke, Minnesota, Tulane, Mt. Sinai
002 AZT post first episode of PCP	Dr. Fischl, Miami	All ATEUs except NYU
003 Phase I – AZT in pediatric AIDS/ARC	Dr. Scott,* Miami	Miami, Duke
004 Phase I – AZT + DHPG in AIDS/CMV-associated disease	Dr. Dolin/ Dr. Reichman, Rochester Dr. Richman, UCSD Dr. Hochster, NYU	Rochester, UCSD, NYU
005 AZT in AIDS dementia and CNS HIV infection	Dr. Price, MSKCC	MSKCC, Hopkins, UCLA, Harvard, Stanford, NYU, Miami, Rochester, UCSD, Texas, Tulane, U. Wash., Mt. Sinai, Einstein
006 Doxorubicin in KS	Dr. Fischl, Miami	Miami, UCSF, MSKCC, Texas, NYU, UCLA, Harvard, USC, Mt. Sinai
007 PROJECTED		
008 Phase I – chemotherapy + AZT with or without radiotherapy in AIDS lymphoma	Dr. Levine, USC	USC, NYU, UCSF, UCLA, Mt. Sinai
009 Phase I – chemotherapy + radiotherapy + AZT in CNS lymphoma	Dr. Levine, USC	USC, NYU, UCSF, UCLA, Mt. Sinai
010 AZT + acyclovir in symptomatic ARC or PGL	Dr. Corey, U. Wash.	U. Wash., UCSD
011 DDC pharmacokinetics in AIDS/ARC	Dr. Lietman, Hopkins	Hopkins
012 Dose-ranging trial of DDC in advanced ARC and AIDS	Dr. Merigan, Stanford	Stanford, Miami, Harvard, UCSD
013 Phase I – AZT + interferon in KS	Dr. Fischl, Miami	Miami
014 Phase I – AZT + interferon in KS	Dr. Krown, MSKCC	MSKCC

*The lead investigator may be someone other than the physician/scientist named on the list of ATEUs.

015 **Foscarnet in CMV retinitis**	Dr. Jacobson, UCSF	UCSF
016 **Safety/efficacy of AZT in early ARC**	Dr. Fischl, Miami	All ATEUs except MSKCC
017 **Phase I – AZT in HIV-infected hemophiliacs**	Dr. Dolin, Rochester	Rochester
018 **Trimetrexate for first PCP episode**	Dr. Sattler, USC	USC, NIAID AIDS Program†
019 **Safety/efficacy of AZT in HIV-infected asymptomatics**	Dr. Volberding, UCSF	All ATEUs
020 **AZT toxicity in AIDS/ARC**	Dr. Masur/ Dr. Allegra, NIAID AIDS Program†	NIAID, all ATEUs except UCLA and Miami
022 **AL721 in PGL/ARC**	Dr. Mildvan, Mt. Sinai	Mt. Sinai, MSKCC, UCSF, USC, Texas, Minnesota, Tulane
027 **Phase I – AZT + probenecid + quinine in ARC/AIDS**	Dr. Kornhauser, Hopkins	Hopkins
029 (PENDING) **Trimetrexate + leucovorin vs. TMP-SMX in PCP**	Dr. Sattler, USC	USC (possibly others)

† Contact: Barbara Baird, RN, (301) 496-9565.

Abbreviations

AZT – azidothymidine, also called zidovudine or Retrovir

CMV – cytomegalovirus

CNS – central nervous system

DDC – 2'3'-dideoxycytidine

DHPG – ganciclovir

IFN – interferon

KS – Kaposi's sarcoma

PCP – *Pneumocystis carinii* pneumonia

PGL – persistant generalized lymphadenopathy

TMP-SMX – trimethoprim-sulfamethoxazole

METHODIST CONFERENCE ON AIDS

By Rev. Jim Mitulski

In November, I attended the National Consultation on AIDS Ministries sponsored by the United Methodist Church. The conference took place outside San Francisco. Representatives from nearly every United Methodist Conference (similar to districts in UFMCC) attended as well as interested clergy and lay leaders; there were about 400 attendees in all.

The conference sessions began with moving testimonies by United Methodist persons with AIDS, describing their experiences; for many of the conference participants, it was their first opportunity to hear from gay men, their lovers, and in one instance, the mother of a PWA. The first ripples of consciousness dawned in that opening session as the Methodists began to realize that AIDS was not simply "them", but "us" as well. I also felt some discomfort in the group as the PWA's continually stressed that lovers and friends are "family" for lesbians and gay men, in the deepest sense of the word.

The undercurrent of tension surfaced that evening during the keynote speech by Professor Karen Lebacqz of Pacific School of Religion. (Professor Lebacqz is known as an advocate to MCC San Francisco students attending Pacific School of Religion). As a non-Methodist, Professor Lebacqz commended the Methodists for taking the constructive step of organizing the conference. She also criticized the UMC for its teaching a sexual ethic of "celibacy in singleness, fidelity in marriage," because this definition precluded Lesbian and Gay relationships. Lebacqz questioned the church's seriousness about AIDS ministry while maintaining a homophobic theological stance, suggesting a positive first step would be performing Holy Unions as a means of honoring Lesbian and Gay relationships. Lebacqz was a satisfying and challenging speaker. Many Methodists were encouraged by her candor; some were uncomfortable with it. During the ensuing quesion period, the real underlying issue of the conference surfaced: the fear of Methodist clergy that they would be disciplined for condoning the public affirmation of Lesbian and Gay relationships. I was proud of UFMCC and our willingness to perform Holy Unions publicly. As a Gay man, I would like to continue in dialogue with Lebacqz and her insistence on monogamy as an ethic for homosexual and heterosexual alike.

The remainder of the weekend consisted of plenary addresses and workshops for the participants. On Saturday, I led a workshop for about 50 Methodist ministers on a ministry of presence for PWA's. As a non-Methodist pastor of a Lesbian and Gay congregation, I was able to say things from a unique perspective for them. I described MCC San Francisco as a church with AIDS; much like a person with AIDS, with all the difficulties and all the spiritual gifts that that condition entails. I taught the group the "Song to Remember Harvey Milk" by Holly Near, and the verse "We are Gay and Straight Together" took on a special meaning for that group. That night, Rev. Jim Sandmire addressed the convention briefly as part of an interfaith panel; Sandmire, after his remarks about losing his son Dean to AIDS, was greeted with a standing ovation, the only speaker to be so honored.

The Methodists are to be commended for taking this initial step, albeit six years into the crisis. Regional representatives from across the country will make sure the vital information reaches people in remote places. In my workshop I stressed that AIDS is not a situation limited to San Francisco, Los Angeles, and New York; many knew that already because parents of Lesbian and Gay children in the major cities are found in their congregations everywhere.

Some criticisms are in order. Why come all the way to San Francisco, one of the world's greatest resource centers for AIDS care, and spend the entire time in a hotel 15 miles away? The conference could have been enriched by field visits to San Francisco General Hospital, the San Francisco AIDS Foundation, the Gay and Lesbian neighborhoods, MCC and other sites. The single biggest issue faced by the UMC in AIDS ministry is the extent to which it is compromised by its teaching that "homosexuality is incompatible with the Christian lifestyle," a tenant the conference made clear is unlikely to change. The closet is a potent force in United Methodism; probably half of the conference participants were Lesbian or Gay; only a handful could openly admit this. I'm aware of how my openly gay identity has enhanced my ability to do ministry; this resource is a terrific loss to them. The closet also affects heterosexual people; some of the most poignant stories were told of parents who suffer in silence in their Methodist churches, afraid to share their pain at the loss of a Gay son for fear of censure by the church and community.

Change happens slowly; it was a tremendous breakthrough for the UMC to host this conference, to share controversial resources, and to begin to take progressive stances on civil rights for persons with AIDS. I pray that the same spirit that convened the consultation will continue to work within the UMC. This is a good time for MCC's to contact UMC district representatives to inform them of how we can be a resource for them. Perhaps some cooperation between the UMC and the Lesbian and Gay community can be a tangible sign of God's healing power as a result of this Consultation.

AmFAR RAISES $2.5 MILLION

The American Foundation for AIDS Research (AmFAR) has raised $2.5 Million from sales of works by 600 artists at 75 New York Galleries since June, 1987. The final night at Christie's raised $400,000 in one night. The fund raising drive may be extended to Los Angeles and other urban Art Centers to increase fund raising for AIDS Research. Elizabeth Taylor was among the stars leading the auction at Christie's.

NIAID EXPERIMENTAL PROTOCOLS

The National Institute of Allergies and Infectious Diseases (NIAID) is currently investigating the following protocols at the National Institute of Health in Bethesda, Maryland.

DESCRIPTION	STATUS
1. AZT in early KS	closed
2. AZT + alpha interferon in early KS	open
3. Phase I - CGP 19835 A (muramyl tripetide, MTP-PE) in later KS	open
4. DHPG in CMV colitis	open
5. Alpha interferon in HIV-infected asymptomatics	open
6. AZT + bone marrow transplantation + peripheral lymphocyte transfer in asymptomatic/ARC/KS patients with non-infected identical twin.	open
7. Alpha Interferon in KS	closed
8. Phase I - gp160 recombinant protein vaccine trial, HIV seronegative males	open

Patients must be referred by physicians for these experimental protocols. Further information can be obtained by calling Vicky Davey, RN, Dianne Lee, RN, or Margaret Magill RN at (301) 496-7196.

CLINICAL STUDIES EXPANDING

In order to extend experimental drug trials beyond the 19 AIDS Treatment Evaluation Units, NIAID has established 17 AIDS Clinical Study Groups (CSGs). Approximately $100 million has been budgeted for 1987 through 1992.

NIAID CLINICAL STUDY GROUPS (CSGs)

Alan G. Barbour, MD, University of Texas Health Science Center, San Antonio

Neil R. Blacklow, MD, University of Mass. Medical School, Worcester

Edward M. Connor, MD, New Jersey Medical School, Univ. of Medicine & Dentistry of New Jersey, Newark

M. Elaine Eyster, MD, Milton S. Hershey Medical Center, Hershey, PA

Robert J. Fass, MD, Ohio State Univ. Medical Center, Columbus

Peter T. Frame, MD, Univ. of Cincinnati College of Medicine Cincinnati, Ohio

David J. Gocke, MD, Robert Wood Johnson Medical School, Univ of Medicine & Dentistry, New Jersey, New Brunswick

Michael H. Grieco, MD, St. Lukes/Roosevelt Institute for Health Sciences, New York

Michael M. Lederman, MD, Case Western Reserve School of Medicine, Cleveland, OH

Kenneth McIntosh, MD, Childrens Hospital, Boston, MA

John P. Phair, MD, Northwestern Univ Medical School, Chicago IL

Roy T. Steigbigel, MD, State Univ of New York at Stony Brook School of Medicine, Stony Brook

CATHOLIC BISHOPS ISSUE CONDOM STATEMENT

Orange County Bishop, Norman F. McFarland, has joined the force of other Catholic bishops opposed to the wording of the latest statement by the U.S. Conference of Catholic Bishops on the use of condoms and AIDS education. McFarland calls the statement "imprecise & ambivalent." The part of the report under fire reads, in part, "educational efforts, if grounded in the broader moral vision...could include accurate information about prophylactic devices or other practices proposed by some medical experts as potential means of preventing AIDS." Bishops from all over the country have since publically responded to the report in outrage, forcing the president of the Nat'l Conference of Bishops to issue a clarifying statement explaining why the matter of condoms was included in the report.

The so-called clarifying statement acknowledges, "many public health officials have recommended use of condoms to reduce the risk of transmitting or acquiring the AIDS virus," and that fact will be part of the churches' comprehensive factual presentation on the disease.

McFarland said the final wording on the original statement seems to imply "our condonation, our acceptance" of the use of condoms. In fact, McFarland says the church questions the effectiveness of condoms and considers their use morally wrong.

REFORM JEWS PASS AIDS RESOLUTION

At the 59th General Assembly of the Union of American Hebrew Congregations, a resolution called "Confronting the AIDS Crisis" was approved almost unanimously.

The resolution called for opposition to mandatory AIDS testing, opposition to discrimination against PWA's in employment, health care, and housing, effective AIDS education in congregations and religious schools, programming in local congregations to actively support PWA's, a call for more alternative care facilities for PWA's, increased access to treatment for IV drug users, and improved AIDS training for health care workers.

Also approved by a large majority was a resolution calling for "Support for Inclusion of Lesbian and Gay Jews." This resolution promoted the active participation of Lesbians and Gay men in worship and congregational leadership, increased education to facilitate greater understanding, and equal employment opportunities for Lesbians and Gay men. The resolution also called for inclusive language in the liturgy.

The question of ordaining openly Gay and Lesbian rabbinic students remains open: the Committee on Homosexuality in the Rabbinate will present their final report to the Central Conference of American Rabbis in 1989.